



*Posted October 1, 2012*

## **Alabama Interagency Autism Coordinating Council**

### **Membership Application**

The Alabama Interagency Autism Coordinating Council (AIACC) includes seats for three adults with ASD, three parents or guardians of a child with ASD, and five service providers. These positions are filled by Governor Appointment, in accordance with Act# 2009-295. Various state agencies and organizations also hold permanent seats on the Council. The AIACC Bylaws/Membership Committee reviews applications and submits them to the Governor for consideration and appointment. Applicants will receive notice of receipt of your application packet.

#### **Applications are currently being accepted for the following Council seats:**

- ***Adult Individual with ASD (1 Vacancy)***
- ***An individual who serves in an executive level capacity from a private health insurance carrier who addresses medical/health policy (1 Vacancy)***

***Applications for this position are due by November 30, 2012.***

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In order to be considered for a seat on the Council, you will need to include the following in your Nomination Packet:

- Nomination Form
- Letter of Recommendation

***Incomplete Application Packets will not be considered.***

*Submit Application Packet to:*  
Alabama Department of Mental Health  
Attn: AIACC / Autism Coordinator  
100 North Union Street, P.O. Box 301410, Montgomery, AL 36130  
P) 205-478-3402 • F) 334-242-0542  
[anna.mcconnell@mh.alabama.gov](mailto:anna.mcconnell@mh.alabama.gov)



## **Alabama Interagency Autism Coordinating Council Application**

**Nominee:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_ **Fax (if applicable):** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_

**Race:** ☐ White ☐ Black or African America ☐ Hispanic or Latino

☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

**Gender:** ☐ Male ☐ Female

**Describe the area where you live:** ☐ Urban ☐ Rural

**For which membership category of the AIACC are you applying?**

☐ Adult Individual with ASD (*What is your age?* \_\_\_\_\_)

☐ Service Provider (*Employer:* \_\_\_\_\_ *Job Title:* \_\_\_\_\_)

(*Geographic Area Served:* \_\_\_\_\_)

☐ Parent or Guardian of a child with ASD (*What is your child's age?* \_\_\_\_\_)

☐ Private health insurance carrier representative (*Employer:* \_\_\_\_\_)

(*Job Title:* \_\_\_\_\_ *Geographic Area Served:* \_\_\_\_\_)

**I am interested in serving on the Council because...** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

My experience and qualifications include (may include any educational or training experience): \_\_\_\_\_

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What knowledge and skills would you bring to the Council? \_\_\_\_\_

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Can you commit to consistent attendance at Council meetings, scheduled quarterly? \_\_\_\_\_

Are you willing to be involved in workgroups and/or Council committees to carry out the Council's work? \_\_\_\_\_

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*You may add additional pages to your Nomination Form if this page does not provide sufficient space.*

*-A Letter of Recommendation must be included in your Nomination Packet.-*

**Submit completed Application Packet to:**

Alabama Department of Mental Health  
Alabama Interagency Autism Coordinating Council  
Attn: Anna McConnell  
PO Box 301410  
Montgomery, AL 36130  
[anna.mcconnell@mh.alabama.gov](mailto:anna.mcconnell@mh.alabama.gov)  
FAX: (334) 242-0542